THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Yes. The medium term objective of National Population Policy 2000 is to bring the TFR to replacement levels by 2010, through vigorous implementation of inter-sectoral operation strategies. TFR which was 3.2 in 2000 i.e. at the time of adoption of National Population Policy has declined to 2.7 in 2007 (as per Sample Registration Survey-SRS). 14 States/UTs out of 35 states have already achieved the replacement level TFR of 2.1 viz., Andhra Pradesh, Delhi, Himachal Pradesh, Kerala, Punjab, Karnataka, Maharashtra, Tamil Nadu, West Bengal, Goa, Andaman and Nicobar Islands, Chandigarh, Puducherry and Sikkim. 5 States namely Assam, Gujarat, J&K, Haryana and Orissa, are quite close to achieving the replacement level as they have attained TFR between 2.3 to 2.7. Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh, may not be able to achieve the replacement level in the near future as these states have TFR ranging from 3.1 to 3.9 as per SRS 2007.

Efforts on Population stabilization very much require strengthening of the primary health care system as there is a very strong correlation between health indicators like Maternal Mortality Rate and Infant Mortality Rate to the population stabilization. As such in line with the National Population Policy, 2000 the Government has launched the National Rural health Mission (NRHM) on 12th April, 2005 throughout the country to address the strengthening of primary health care system. The approach to population stabilization under NRHM is providing through quality health services in remote rural areas along with a wide range of contraceptive choices to meet the unmet demands for these services which includes delivery, safe abortions, treatment of reproductive tract infections and Family Planning Services while ensuring full reproductive choices to women.

Improving CGHS scheme

†3754. SHRI RAM JETHMALANI:
SHRI SHIVANAND TIWARI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that wide improvements are required in CGHS;

(b) if so, the facts in this regard and whether Government has prepared any outline for the improvement in the scheme; and

(c) if so, the details thereof and the total number of cities in the country where this medical facility is available at present?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) At present CGHS facilities are available in 25 cities. Improvement of CGHS is a continuous process, however, the following initiatives have been taken by the CGHS to make its services more user friendly.

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†Original notice of the question was received in Hindi.

(i) Commencement of computerisation of CGHS. It has been completed in Delhi and will be extended in other cities in a phased manner.

(ii) In order to provide more options for treatment in private hospitals for CGHS beneficiaries, CGHS introduced the scheme of "Continuous Empanelment Scheme" whereby private hospitals and diagnostic centres which fulfilled the terms and conditions for empanelment and accepted the rates fixed for that city were empanelled under CGHS after being recommended by the Quality Council of India. This scheme has now been discontinued.

(iii) It has been decided that private hospitals/diagnostic centres to be empanelled under CGHS should have NABH/NABL accreditation.

(iv) As there was hardly any hospital in the list of empanelled hospitals providing treatment to CGHS beneficiaries who are cancer patients, instructions have been issued to authorities to give permission to cancer patients in any hospital providing treatment for cancer patients and reimbursement made as per rates for year 2001-02.

(v) As no private hospital/diagnostic centre was willing to be empanelled under CGHS, in Mumbai, Shillong and Thiruvananthapuram, instructions have been issued to permit CGHS beneficiaries, in these three cities, to get treatment in any hospital and get reimbursement as per the rates fixed for that city.

(vi) A pilot project has been introduced in CGHS Delhi to place indents directly on manufactures for supply of drugs on rate contract basis. This has resulted in most of the beneficiaries in these dispensaries getting medicines on the same day.

(vii) To tide over the shortage of medical officers in dispensaries, approval of the Government was conveyed to CGHS for recruiting retired medical officers on contract basis for a period of 2 years.

(viii) CGHS has been holding claims adalats every year to settle any old pending unsettled claims.

(ix) As part of computerisation process, it has been decided to issue plastic cards individually to each beneficiary of the CGHS. This will enable beneficiaries to avail CGHS facilities in any CGHS city after the process of computerisation and networking of cities is completed.

(x) Ministries/Departments have been delegated powers to handle all medical reimbursement cases if no relaxation of rules is involved.

(xi) As there is perennial shortage of Group D staff in the CGHS, it has been decided on a pilot project basis to outsource cleaning work for mechanised cleaning. The existing Group D staff in these dispensaries have been relocated in other dispensaries where vacancies exist.

(xii) Due to paucity of funds, settlement of bills of private hospitals and diagnostic centres get delayed with the result that many private hospitals and diagnostic centres refused to extend credit facility to pensioner CGHS beneficiaries. To overcome the problem, it has been decided to engage Third Party Administrators (TPA) to processing of bills and release of payments electronically through a bank within a fortnight. After the bank makes the payment through electronic medium, it will lodge its claim in the CGHS to recoupment of the payments made. CGHS will then carry out medical audit of the bills passed for payment by the TPA.

(xiii) Two geriatric centres for CGHS beneficiaries have been set up at Timarpur and Janakpuri in Delhi.

(xiv) Instructions have been issued for CGHS beneficiaries to claim reimbursement of expenses from two sources, first from the insurance agency if the beneficiary had obtained mediclaim policy and then from the CGHS for the balance amount subject to the condition that the reimbursement from the two sources did not exceed the actual expenditure and also that reimbursement from CGHS will be limited to package rate fixed for the treatment.

Swine flu in school children

†3755. SHRI ALI ANWAR ANSARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether school children in Delhi are falling victim to Swine Flu/H1N1 virus and Government has failed to check the spread of infection;

(b) whether cases of infection of this virus in St. Columba's School in Delhi have reportedly been confirmed;

(c) if so, the details of schedule for sanitizing and quarantising the school complex/children respectively as per rules;

(d) the details of action taken in case of negligence; and

(e) by when the school was to be closed and the details of action taken in case of negligence?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes. Government has taken all steps to check the spread of infection among the school children in Delhi.

(b) One case of Pandemic Influenza A HINI infection has been confirmed in St Columba's School.

(c) The building was sanitized by the school with the assistance of local health authorities, the class section and its teachers/attendants were home quarantined for the remaining seven days period of incubation and provided preventive treatment etc. as per the guidelines.

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†Original notice of the question was received in Hindi.